



The Embroiderers' Guild of America, Inc.

TIME TO TEACH YOUTH PROGRAM REPORT

Name(s) of Project Teachers/Grant _____

Chapter _____ Region _____

Number of Chapter Members Involved _____

Number of Youth _____ Female _____ Male _____

Number of Sessions _____ Length _____ Dates _____

Location of Teaching Site _____

Techniques Taught _____

Materials Used _____

Brief Description of the Project _____

Use the back if necessary

Method of financing _____ Other Amount _____

Chapter Contact Person _____

Address _____

Phone _____ Email _____

Are you willing to share lesson plans / charts/ experience: (check all that apply)

_____ Article in Needle Arts/Inside EGA _____ EGA Youth Web Page _____ EGA Study Box

Please note: Pictures of children must have parental approval for EGA use. Only first names will be published.

Thank you for taking the time to complete this form. Your information assists in making the Youth Program successful.

Please send a copy to the Mid-Atlantic Region Youth Program Chair who name and contact information are listing in the Mid-Atlantic Region directory.

This form is available on MAREGA.org.